

HURON COUNTY HEALTH DEPARTMENT
CHILDREN'S SPECIAL HEALTH CARE SERVICES
1142 S. VAN DYKE
BAD AXE, MI 48413
(989) 269-9721 ext. 133

DATE:
RE:
DOB:
DATE OF SERVICE:

The enclosed bill dated in the amount of \$ was sent in error to:

☐ Parent/Guardian ☐ _____ IT CANNOT BE PAID AS
BILLED BECAUSE:

- ☐ This service was authorized through a Referral and Authorization for Diagnostic Evaluation. A copy of the Authorization is enclosed for your reference. THE PARENT/GUARDIAN IS NOT RESPONSIBLE FOR THIS BILL.
- ☐ You are an approved provider for this child. This service to be billed according to directions in your MEDICAID MANUAL.
- ☐ We have added your name to this child's Letter of Eligibility. Following your notification of this, you may bill according to the directions in your CSHCS PROVIDER MANUAL.
- ☐ This service was NOT PRE-AUTHORIZED; therefore, we cannot pay this bill.
- ☐ DATE OF SERVICE IS NEEDED before party responsible for payment can be determined. Please return to address listed above.
- ☐ Other: _____

Please contact this office if you have further questions.

Vicki A. Koglin, Rep.
Children's Special Health Care Services